

KEY REQUEST
ABILENE CHRISTIAN UNIVERSITY
OPERATIONS
SCAN & EMAIL TO: facilitiesmgmt@groupmail.acu.edu

Building: _____
 Master "Z" Key - Quantity: _____
 Exterior "X" Key - Quantity: _____
 Department Suite Key - Quantity: _____
 Room "R" Key - Quantity: _____ Room #: _____
 Room "R" Key - Quantity: _____ Room #: _____
 Re-Key - Room Number: _____ (\$ 30.00 per lock plus labor)

Operations Use Only:
 Work Order #: _____
 Serial Number: _____
 Serial Number: _____
 Serial Number: _____
 Serial Number: _____
 Serial Number: _____

FUND: _____ ORG: _____ ACCOUNT: _____ PROGRAM: _____ ACTIVITY: _____

Assigned To: _____ Banner ID# _____ Date: _____
 Staff/Faculty Printed Name

Department: _____ Ext.: _____

Approved By: _____ Banner ID# _____ Date: _____
 Department Supervisor Signature

Department Name: _____ Departmental Ext: _____

Authorized By: _____ Banner ID# _____ Date: _____
 Facility Coordinator's Signature

Facility Coordinator's Extension: _____

Final Approval By: _____ Date: _____
 Director, Structural Trades/Transportation

ALL KEYS ARE THE PROPERTY OF ABILENE CHRISTIAN UNIVERSITY, NOT THE KEY HOLDER.
I UNDERSTAND THAT TRANSFERRING MY KEYS TO ANOTHER ACU EMPLOYEE IS A VIOLATION OF THE ACU
CAMPUS KEY CONTROL POLICY. MY KEY(S) WILL BE RETURNED TO ACU OPERATIONS DEPARTMENT
WHEN MY EMPLOYMENT TERMINATES, OR IF I TRANSFER TO ANOTHER ACU DEPARTMENT.

Sign Here Upon Receipt of Key(s): _____ Date: _____
 Key Holder's Signature

Key(s) Delivered By: _____ Date: _____
 Operations Locksmith's Signature